



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 26, 2016

TO: Minnesota Senior Health Options Dual Eligible Special Needs Plans (MSHO Plans)

FROM: Lindsay P. Barnette
Director, Models, Demonstrations, and Analysis Group

SUBJECT: Release of Final Contract Year 2017 State's Specific Marketing Guidance for MSHO Plans

Attached to this memorandum is the final Contract Year (CY) 2017 State's specific Marketing Guidance for the Minnesota Senior Health Options Dual Special Needs Plans (MSHO plans) operating in the Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience. The State's specific Marketing Guidance has been jointly updated by CMS and Minnesota as summarized below and will be applicable to all marketing done for CY 2017 benefits.

We remind MSHO plans that the State's specific Marketing Guidance provides information only about those sections of the MMG that are not applicable or that are modified for MSHO plans in Minnesota; therefore, this guidance document should be considered an addendum to the CY 2017 MMG. MSHO plans should carefully review the recently released CY 2017 MMG (see <https://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>), in conjunction with the State's specific Marketing Guidance, as the requirements of the MMG that are not otherwise modified by this document apply to MSHO plans in Minnesota.

Following is a summary of the changes to the CY 2017 State's specific Marketing Guidance for the Minnesota MMP:

- General updates and streamlining:
 - Edits to section numbers, titles, and references, consistent with changes to the CY 2017 MMG.
 - Updates of lists of model marketing materials and links.
 - Streamlining of the language throughout the document to ensure greater consistency across each State's specific Marketing Guidance.
 - Updates required disclaimer language consistent with changes made to disclaimer language in CY 2017 model marketing materials.

- **Provider and Pharmacy Directory Requirements:** Moves the previous guidance on the Provider and Pharmacy Directory from section 60.4 of the CY 2016 State's specific Marketing Guidance to the Introduction section of the CY 2017 State's specific Marketing Guidance. References the requirements in Chapter 4 of the Medicare Managed Care Manual and Chapter 5 of the Prescription Drug Benefit Manual and includes previous modifications and clarifications to the Medicare Advantage and Part D requirements for MMP Provider and Pharmacy Directories. Clarifies that the MSHO plan Provider and Pharmacy Directory is considered a marketing material and must be submitted in the HPMS marketing module consistent with the specific review parameters and timeframes for the Provider and Pharmacy Directory under the Minnesota demonstration in the Marketing Code Look-up functionality in the HPMS marketing module. Clarifies that MSHO plans must submit directory updates and/or addenda pages in HPMS consistent with the parameters for review for the MSHO plan Provider and Pharmacy Directory.
- **Compliance with Section 1557 of the Affordable Care Act of 2010:** References the August 8, 2016 HPMS memorandum on this topic and clarifies operational flexibilities regarding the inclusion of and required Notices/Statement and tagline information for CY 2017.
- **Section 20 (Materials not Subject to Marketing Review):** Modifies the requirements of section 20 of the MMG with respect to MSHO plan Provider and Pharmacy Directory.
- **Section 30.5.1 (Multi-Language Insert):** References the August 8, 2016 HPMS memorandum on implementation of Section 1557 of the ACA and the revised guidance in section 30.5.1 of the MMG included in that memorandum. Clarifies that MSHO plans will meet the requirements to include a Multi-Language Insert with their demonstration-specific SB and ANOC/EOC (Member Handbook) documents and enrollment form by using the state-provided document known as the Language Block. The Language Block will include at least the top 15 languages spoken by individuals with LEP in Minnesota, as determined by the State.
- **Section 50.6 (MMP Materials Including Part D Benefit Information):** Modifies required disclaimer language consistent with changes made to CY 2017 model materials.
- **Section 60.1 (Summary of Benefits (SB)):** Clarifies that MSHO plans will meet the requirements to include a Multi-Language Insert with their demonstration-specific SB by using the State-provided document known as the Language Block.
- **Section 60.6 (Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) (Member Handbook)):** Clarifies when MSHO plans must use errata notices versus when they must follow the guidance in section 60.7 of the MMG regarding other mid-year changes requiring enrollee notification.

- **Section 90.2.1 (Submission of Non-English and Alternate Format Materials):** Notes that MSHO plans should use state-specific MMP errata codes.
- **Section 100.1 (General Website Requirements):** Removes this section from the CY 2017 State's specific Marketing Guidance because the modifications made in the CY 2016 State's specific Marketing Guidance regarding the required date by which MSHO plans must post their Summary of Benefits to their plan website are now incorporated into section 100.2.2 of the MMG.

For any questions about the contents of this memorandum, please contact your Account Manager or the Medicare-Medicaid Coordination Office at mmcocapsmodel@cms.hhs.gov.